


(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
	

CLAIMANT'S NAME Cynthia Tuck			SSAN OR EMPLOYEE NUMBER * On File		DEPARTMENT Cal/EPA	
Undersecretary		CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary			INDEX NUMBER
1001 I Street			1001 I Street			TELEPHONE NUMBER 916.324.3708
STATE Sacramento		ZIP CODE CA 95814	CITY Sacramento		STATE CA	ZIP CODE 95814



[illegible]

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL		
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
Ms. Tuck met with Austrian Federal Minister of Environment, N. Berlakovich. She gave a presentation to	8:00-5:00
the Austrian Trade Delegation regarding California's environmental program. She met with the Austrian	(13) PRIVATE VEHICLE LICENSE NUMBER
business delegation regarding clean technology. She attended a reception at Austrian Counsel General's	
residence honoring the Minister.	(14) MILEAGE RATE CLAIMED

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
			

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